51A112 (3-05) Commonwealth of Kentucky **DEPARTMENT OF REVENUE** 

Print Name

## APPLICATION FOR DIRECT PAY AUTHORIZATION



Name of Applicant	Enter Legal Business Name	Federal Employer Identification Number
		Date Operations Began in Kentucky
Kentucky Business Location	Number and Street City	County State ZIP Code
Mailing Address		
Type of Operation	P.O. Box or Number and Street City  ☐ Manufacturing/Processing ☐ Mining/Quarrying ☐ Trans	County State ZIP Code  portation Company □ Distribution Facility
Other Information	Account Number    Kentucky Employer's Withholding	
	Attach a detailed description of the documentation maintained that reflects the proper amount of taxable purchases.  3. Do you have a record of timely payment of all taxes administered by the Kentucky Department of Revenue?  □ Yes □ No	
4. Have you included your most recent certified financial statement with this application?   Yes  I hereby certify that the above statements are correct to the best of my knowledge and belief and that I am duly authorized to sign this application that, in consideration for issuance of this Direct Pay Authorization, I will directly report and pay to the Department of Revenue, the sales or use tax that have been remitted to the department by my supplier and myself had this Direct Pay Authorization not been issued.		at I am duly authorized to sign this application. I agree
nave been remitted to		not been issued.
	Signature Title	Date